



Mail to: **CITY OF El Paso**  
**Financial Services**  
**2 Civic Center Plaza**  
**El Paso, Texas 79901-1196**

## UNCLAIMED PROPERTY BUSINESS OWNER CLAIM FORM

As the claimant for a business, attach documents supporting your position with the company/business giving you the authority to claim.

### CLAIMANT INFORMATION

**BUSINESS NAME:** \_\_\_\_\_ **Tax Payer ID:** \_\_\_\_\_

**REPRESENTATIVE/OWNER:** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ (LAST) (FIRST) (MI) \_\_\_\_\_

DAYTIME PHONE, INCLUDE AREA CODE

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**BUSINESS STATUS** Check box(es) applicable to the current status of Business and attach copies of the documents requested:

\_\_\_\_\_ **A TEXAS CORP., LIMITED LIABILITY COMPANY, OR PROFESSIONAL CORP.** Attach a copy of last Franchise Tax Report filed.  
(If Out-Of-State Corp., same as above including State of Corporation.)

\_\_\_\_\_ **A PROFESSIONAL ASSOC., OR NON-PROFIT CORPORATION.** Attach a copy of last Annual Statement filed with Secretary Of State,  
OR copy of Articles Of Incorporation.

\_\_\_\_\_ **An ORGANIZATION, GROUP, OR ASSOCIATION.** Attach a document establishing your authority to act.

\_\_\_\_\_ **SOLE OWNERSHIP OF BUSINESS.** Attach a Copy of Certificate To Operate Under Assumed Name filed with the County Clerk, and enter:  
**Owner's Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

\_\_\_\_\_ **A LIMITED OR GENERAL PARTNERSHIP.** Copy of partnership agreement including the NAMES and SSN of TWO partners.

**EXCEPTION, IF BUSINESS IS:**

\_\_\_\_\_ **OUT OF BUSINESS (CLOSED).** Attach a brief statement of Closing, Articles of Dissolution or Corporate Liquidation Form filed with IRS.

\_\_\_\_\_ **NAME CHANGED/ASSUMED/MERGED.** Attach a copy of Change of Name Admendment or Assumed Name Certificate.

\_\_\_\_\_ **PURCHASED/SOLD.** Attach a copy of the Buy/Sell Agreement.

### OWNER PROPERTY INFORMATION (Do NOT Change This Information)

**Original Check No.** \_\_\_\_\_ **Original Check Amount:** \_\_\_\_\_

**Claim Amount (if different from Original Check Amount):** \_\_\_\_\_

**Payee indicated on Original Check:** \_\_\_\_\_

**Additional Payees on Check:** \_\_\_\_\_

**Date of Original Check:** \_\_\_\_\_ **Reporting Department:** \_\_\_\_\_

**Description:** ☐ **Stale-Dated Check**

☐ **Other**

**PLEASE NOTE: STATE LAW LIMITS THE FEES CHARGED BY ALL OUTSIDE SEARCH FIRMS OR PRIVATE INVESTIGATORS WHO ASSIST YOU IN LOCATING UNCLAIMED PROPERTY TO NO MORE THAN 10% OF THE AMOUNT OF THE CLAIM. (Tex. Prop. Code §76.506).**

### CLAIMANT SIGNATURE

The named Claimant hereby certifies that this claim for property presumed abandoned is valid and just, that all statements herein are true and correct, and that upon payment of this claim said Claimant will indemnify and hold harmless the City of El Paso, and it's officers and employees from any damages, claims or losses of any kind resulting from the payment of the above described property to Claimant.

**CLAIMANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**TITLE/POSITION HELD WITHIN BUSINESS:** \_\_\_\_\_

*A law passed by the Texas Legislature allows the costs of publication & postage to be deducted from the amount(s) paid. (Tex. Prop. Code §76.504).*

**Check Reissue Number:** \_\_\_\_\_ (for Internal Use Only)

**Total Amount Claimed/Approved:** \_\_\_\_\_

**Less: Publication & Postage:** \_\_\_\_\_

**Net Amount of Check Reissued** \_\_\_\_\_

**Approved by:** \_\_\_\_\_

**Treasury Services Manager or Designee**

**Date:** \_\_\_\_\_